MI FluFocus

Influenza Surveillance and Avian Influenza Update

Bureau of Epidemiology
Bureau of Laboratories

Michigan Department of Community Health
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New updates in this issue:

- **Michigan Surveillance:** All surveillance indicators show continued decreasing influenza activity.
- **National Surveillance:** The national influenza-like illness rate decreases to baseline level.
- **International Surveillance:** Human cases of avian influenza H9N2 and H5N1 reported.

****2009 Influenza A (H1N1) virus Updates****

Please continue to reference the MDCH influenza website at www.michigan.gov/flu for additional 2009 H1N1 information. Local health departments can find guidance documents in the MI-HAN document library. In addition, additional laboratory-specific information is located at the Bureau of Laboratories H1N1 page at http://www.michigan.gov/mdch/0,1607,7-132-2945_5103-213906--,00.html.

International (WHO H1N1 2009 update 80 [edited], December 23): In the temperate zone of the northern hemisphere, transmission of pandemic influenza virus remains active and geographically widespread, however overall disease activity has recently peaked in much of the hemisphere. There continues to be increases in influenza activity in later affected areas of central and eastern Europe, and in parts of west, central, and south Asia.

In United States and Canada, influenza activity continues to be geographically widespread but overall levels of ILI have declined substantially to near the national baseline level in the US and below the seasonal baseline in Canada. Although numbers of hospitalizations and death in US have declined steadily since their peak over 6 weeks ago, the proportional mortality due to pneumonia and influenza (P&I mortality) remains elevated above the epidemic threshold for the 11th consecutive week. In Canada, rates of ILI, numbers of outbreaks, and proportions of samples testing positive for influenza have declined substantially since peaking six weeks ago. Approximately 53% of hospitalized cases in Canada had an underlying medical condition; cases with underlying medical conditions tended to be older (compared to those without), and were at increased risk of hospitalization and death. Also from Canada, a smaller proportion of hospitalized cases during the winter transmission season compared with those hospitalized cases during the summer transmission season, were persons of aboriginal origin (3.9% vs. 20.3%).

In Europe, geographically widespread and active transmission of pandemic influenza virus continued to be observed throughout the continent, however, overall pandemic influenza activity appears to have recently peaked across a majority of countries. At least ten countries reported that 30% or more of their sentinel respiratory specimens had tested positive for influenza. Greater than 98% of subtyped influenza A viruses detected in Europe were pandemic H1N1 2009, however, seasonal influenza viruses (H1N1, H3N2, and type B) continue to be detected at low levels. Of note, a few countries are experiencing increasing disease activity and have yet to peak (Hungary and Montenegro), while several others are experiencing a resurgence in activity (Serbia, Ukraine, Georgia, and Turkey). Rates of ILI have returned to near seasonal baselines in the earlier affected areas of western Europe (Belgium, the Netherlands, Ireland, and Iceland) and a substantial decline in activity has been observed in much of northern Europe over the past month. In central and southern Europe, where influenza virus transmission has been most active recently, disease activity in most places has either plateaued (Albania, Czech Republic, Estonia) or begun to decline (Austria, Germany, Poland, Latvia, Croatia, Slovakia, and Greece). Further east, influenza activity appears to be variable, with the Russian Federation reporting a steady decline in rates of ARI after a recent peak three weeks ago; while several other countries are reporting increases in rates of ILI/ARI (Ukraine and Georgia). In Europe, the highest rates of ILI have been recorded among children 0-4 years of age (in 15 countries) and among older children 5-14 years of age (in 18 countries).

Detections of RSV in Europe continued to increase over the past six weeks, partially accounting for elevated ILI activity among young children in some countries.

In Western and Central Asia, limited data suggest that influenza virus circulation remains active throughout the region, however disease trends remain variable. Increasing respiratory diseases activity continued to be reported in Kazakhstan and in Egypt; while several others countries, Israel and Oman, have been reporting declining trends of respiratory diseases activity after recording a peak of activity approximately one month ago.

In East Asia, the situation remains similar to last week; influenza transmission remains active but appears to be declining overall. Influenza/ILI activity has recently peaked and continues to decline in Japan, in northern and southern China, Chinese Taipei and in Mongolia. In southern Asia, influenza activity continues to increase in the northern India, Nepal, and, Sri Lanka.

In the tropical region of Central and South America and the Caribbean, transmission remains geographically widespread but overall disease activity has been declining or remains unchanged, except for in Barbados and Ecuador, where recent increases in respiratory diseases activity have been reported.

In the temperate region of the southern hemisphere, sporadic cases of pandemic influenza continued to be reported without evidence of sustained community transmission.

The countries and overseas territories/communities that have newly reported their first pandemic (H1N1) 2009 confirmed cases since the last web update (No.79): none. The countries and overseas territories/communities that have newly reported their first deaths among pandemic (H1N1) 2009 confirmed cases since the last web update (No 79): Georgia and Albania.

Region	Deaths
WHO Regional Office for Africa (AFRO)	109
WHO Regional Office for the Americas (AMRO)	At least 6670
WHO Regional Office for the Eastern Mediterranean (EMRO)	663
WHO Regional Office for Europe (EURO)	At least 2045
WHO Regional Office for South-East Asia (SEARO)	990
WHO Regional Office for the Western Pacific (WPRO)	1039
Total	At least 11516

******Influenza Surveillance Reports******

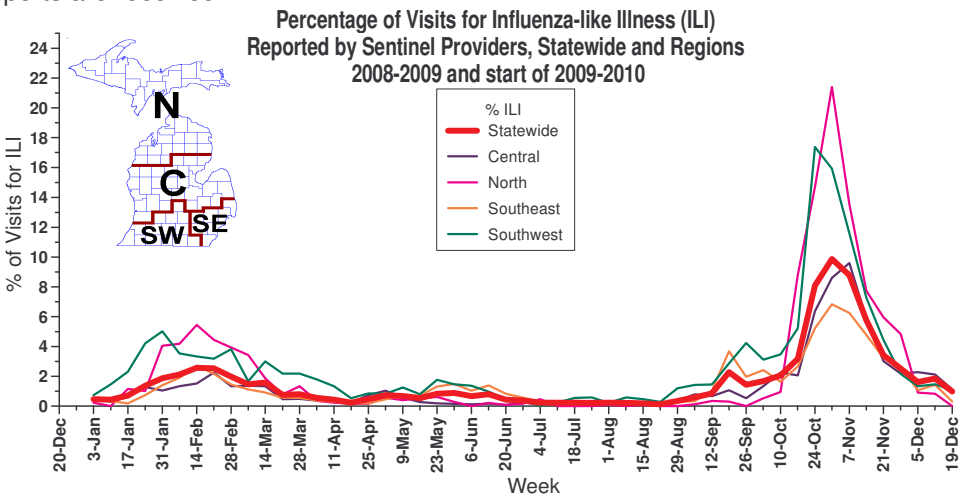
Michigan Disease Surveillance System: The week ending December 19 saw aggregate flu-like reports similar to last week's levels, while individually reported influenza and 2009 novel H1N1 influenza cases decreased from the previous week's levels. Aggregate cases reported this week are similar to what was seen during the same time period last year, while individually reported cases are minimally higher.

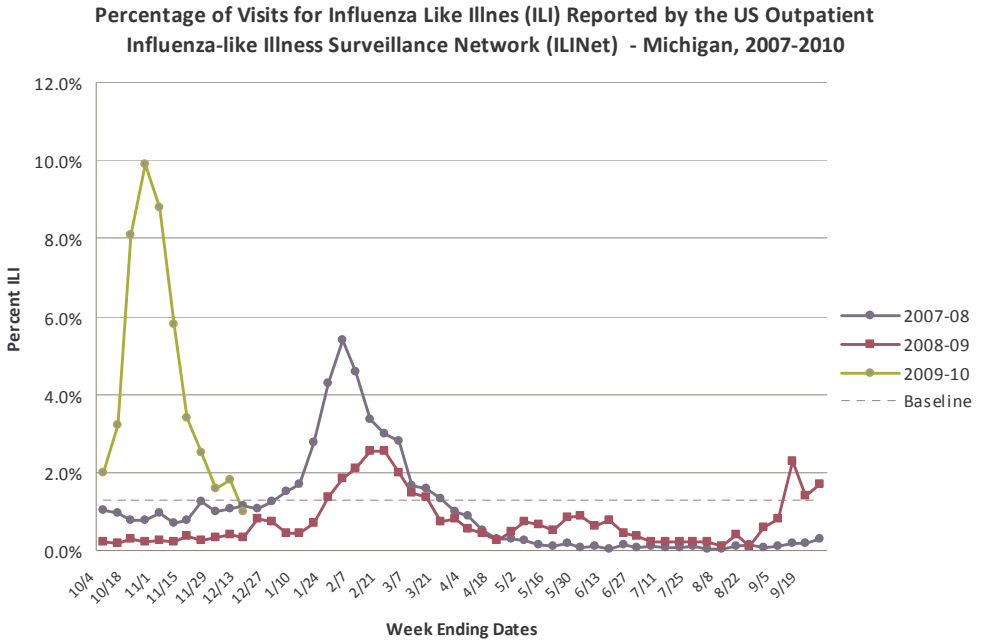
During the week of December 13-19, 2009, 10,340 cases of flu-like illness and confirmed and probable cases of seasonal and novel influenza were reported in Michigan. 60 hospitalizations and zero deaths associated with influenza were reported during this time. This report is updated every Tuesday by 5:00 pm and can be accessed at "Current H1N1 Activity" on this website: http://www.michigan.gov/h1n1flu.

Emergency Department Surveillance: Emergency department visits from both constitutional and respiratory complaints were lower than last week's levels. Both constitutional and respiratory complaints are comparable to levels seen this time last year. There were two respiratory alerts generated in the C(1) and SE(1) Influenza Surveillance Regions last week. Zero constitutional alerts were generated last week.

Over-the-Counter Product Surveillance: Overall, OTC product sales held steady near their previous weeks' sales numbers. All sales indicators, with the exception of pediatric electrolytes, which are slightly lower, are comparable to levels seen at this time last year.

Sentinel Provider Surveillance (as of December 28, 2009): During the week ending December 19, 2009, the proportion of visits due to influenza-like illness (ILI) decreased to below baseline at 1.0% overall; 165 patient visits due to ILI were reported out of 8,925 office visits. Twenty-four sentinel sites provided data for this report. Activity decreased in all four surveillance regions: Southeast (0.3%), Southwest (1.1%), Central (1.1%) and North (0.0%). Please note that these rates may change as additional reports are received.





As part of pandemic influenza surveillance, CDC and MDCH highly encourage year-round participation from all sentinel providers. New practices are encouraged to join the sentinel surveillance program today! Contact Cristi Carlton at 517-335-9104 or CarltonC2@michigan.gov for more information.

Laboratory Surveillance (as of December 12): During December 13-26, MDCH Bureau of Laboratories identified 6 novel H1N1 influenza A isolates. For the 2009-2010 season (starting on October 4, 2009), MDCH BOL has identified 596 influenza isolates:

- 2009 Influenza A (H1N1): 595
- Influenza B: 1

13 sentinel labs reported for the week ending December 19, 2009. 1 lab reported slightly elevated influenza A positives (SE), 5 labs reported sporadic numbers of flu A positives (SE, SW, C), and 7 labs reported no flu A positives (SW, C, N). No labs reported any influenza B positives.

Michigan Influenza Antigenic Characterization (as of December 28): One novel H1N1 influenza A virus from Michigan has undergone further characterization at the CDC. This virus was characterized as A/California/07/2009 (H1N1)-like, which is the recommended strain for the H1 component of the 2010 Southern Hemisphere vaccine.

Michigan Influenza Antiviral Resistance Data (as of December 28): Results are currently not available for antiviral resistance at CDC for the 2009-2010 season.

Antiviral resistance testing takes months to complete and cannot be used to guide individual patient treatment. However, CDC has made recommendations regarding the use of antivirals for treatment and prophylaxis of influenza. The guidance is available at http://www.cdc.gov/H1N1flu/recommendations.htm.

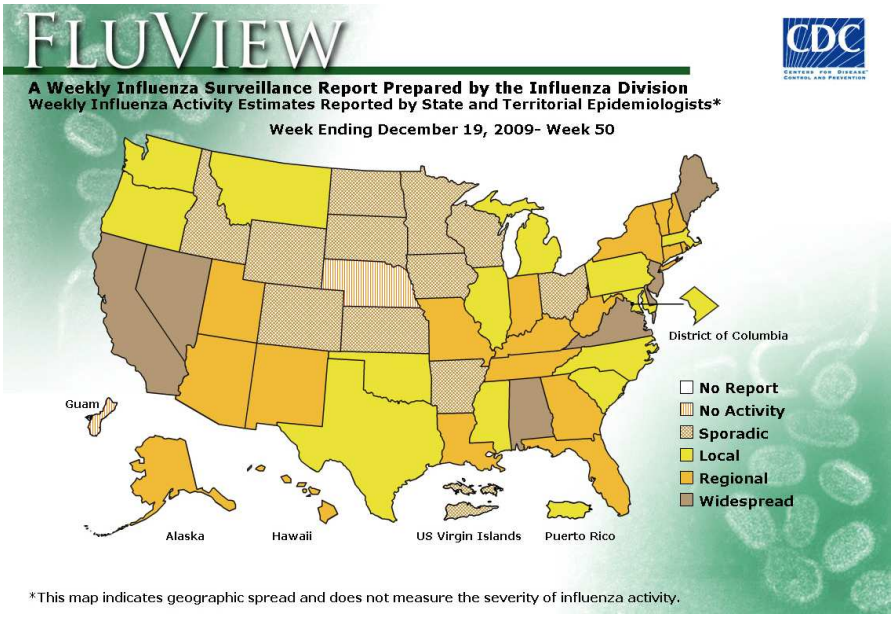
Influenza-Associated Pediatric Mortality (as of December 28): Four influenza-associated pediatric mortalities (SE(2), SW, N) associated with novel H1N1 influenza has been reported to MDCH for the 2009-2010 influenza season.

***CDC has asked states for information on any pediatric death associated with influenza. This includes not only any pediatric death (<18 years) resulting from a compatible illness with laboratory confirmation of influenza, but also any unexplained pediatric death with evidence of an infectious process. Please immediately call MDCH to ensure proper specimens are obtained. View the complete MDCH protocol online at http://www.michigan.gov/documents/mdch/ME_pediatric_influenza_guidance_v2_214270_7.pdf.

Influenza Congregate Settings Outbreaks (as of December 28): Seven congregate setting outbreaks with confirmatory novel influenza A H1N1 testing (2SE, 3 SW, 1C, 1N), and two outbreaks associated with positive influenza A tests (1C, 1N) have been reported to MDCH for the 2009-2010 influenza season. These are 8 school facilities and 1 long term care facility.

As of December 19, 2009, 567 influenza-related school and/or district closures in Michigan (Public Health Preparedness Region 1 - 55, Region 2N - 4, Region 2S – 8, Region 3 - 54, Region 5 - 153, Region 6 - 100, Region 7 - 109, Region 8 - 84) have been reported.

National (CDC [edited], December 28): During week 50 (December 13-19, 2009), influenza activity continued to decrease in the U.S. 306 (6.9%) specimens tested by U.S. World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) collaborating laboratories and reported to CDC/Influenza Division were positive for influenza. All subtyped influenza A viruses being reported to CDC were 2009 influenza A (H1N1) viruses. The proportion of deaths attributed to pneumonia and influenza (P&I) was below the epidemic threshold. Nine influenza-associated pediatric deaths were reported. Eight of these deaths were associated with 2009 influenza A (H1N1) virus infection and one was associated with an influenza A virus for which the subtype was undetermined. The proportion of outpatient visits for influenza-like illness (ILI) was 2.3% which is at the national baseline of 2.3%. Seven of the 10 regions (1, 3, 5, 6, 7, 8 and 10) reported ILI below region-specific baseline levels. Seven states reported geographically widespread influenza activity, 18 states reported regional influenza activity, the District of Columbia, Puerto Rico, and 13 states reported local influenza activity, the U.S. Virgin Islands and 11 states reported sporadic influenza activity, Guam and one state reported no influenza activity.



To access the entire CDC weekly surveillance report, visit http://www.cdc.gov/flu/weekly/fluactivity.htm

From http://www.cdc.gov/h1n1flu/updates/us/#totalcases:

U.S. Influenza and Pneumonia-Associated Hospitalizations and Deaths from Aug 30 – Dec 19, 2009

Cases Defined by	Hospitalizations	Deaths
Influenza Laboratory-Tests**	36,163	1,630

**States report weekly to CDC either 1) laboratory-confirmed influenza hospitalizations and deaths or 2) pneumonia and influenza syndrome-based cases of hospitalization and death resulting from all types or subtypes of influenza. Although only the laboratory confirmed cases are included in this report, CDC continues to analyze data both from laboratory confirmed and syndromic hospitalizations and deaths.

International (WHO [edited], December 14): [During weeks 46-47,] the level of seasonal influenza activity in most countries was low with only sporadic detections. China reported local outbreaks of H3 as well as sporadic H1 and B activity. Sporadic seasonal influenza activity was observed in Afghanistan (H1,B), Australia (H1,H3,B), Canada (H3,B), China Hong Kong Special Administrative Region (H3,B), Iran (B), Jamaica (H1,H3,B), Kenya (H1,H3,B), Poland (B), Russian Federation (H1,H3,B), Senegal (H3,B), Uganda (B) and United States (H1,B).

MDCH reported **LOCAL INFLUENZA ACTIVITY** to the CDC for the week ending December 19, 2009.

For those interested in additional influenza vaccination and education information, the MDCH *FluBytes* is available at http://www.michigan.gov/mdch/0,1607,7-132-2940_2955_22779_40563-125027--,00.html.

Avian and Novel Influenza Activity

WHO Pandemic Phase: Phase 6 – characterized by increased and sustained transmission in the general population. Human to human transmission of an animal or human-animal influenza reassortant virus has caused sustained community level outbreaks in at least two WHO regions.

National, Canine (AVMA, December 21): IDEXX Laboratories has confirmed 2009 H1N1 influenza virus in a dog in Bedford Hills, New York. A 13-year old dog became ill after its owner was ill with confirmed 2009 H1N1 influenza. The dog was lethargic, coughing, not eating, and had a fever. Radiographs (x-rays) showed evidence of pneumonia. The dog was treated with intravenous fluids, antibiotics, nebulization and other supportive care, and was discharged from the hospital after 48 hours of care. It is currently recovering. Tests submitted to IDEXX Laboratories were negative for canine influenza (H3N8) but positive for 2009 H1N1 influenza. The results were confirmed by the Iowa State Laboratory.

International, Human (Hong Kong S.A.R. Department of Health press release [edited], December 23): The Centre for Health Protection (CHP) of the Department of Health is investigating a case of influenza A (H9N2) infection -- a mild form of avian influenza -- involving a 35-month-old girl.

A spokesman for CHP said today that the girl, living in Sha Tin, developed symptoms of cough, fever, and runny nose in late November 2009. She was admitted to the Prince of Wales Hospital and was discharged on 11 Dec 2009. She has now recovered.

Influenza A (H9N2) was detected in the patient's respiratory specimen. Investigation is ongoing, and the department will inform the World Health Organization.

Influenza A (H9) is an avian influenza virus which has been isolated from ducks and chickens for many years. Infection in humans is rare and appears to present as a mild disease. This is the 7th time that H9 viruses were found in humans in Hong Kong. Five females and a male were confirmed to have suffered from H9 infection in 1999, 2003, 2007, 2008 and 2009.

"Hong Kong has a comprehensive avian influenza surveillance program to detect the presence of any avian influenza in our environment, and the possible reassortment of the viruses, so that prompt responsive measures can be taken," the spokesman said.

As a precautionary measure, people are reminded to avoid contact with live poultry to minimize the chance of being infected with avian influenza. "Hands should be washed thoroughly with soap and water after handling live poultry. To build up good body resistance against influenza, the public are encouraged to maintain a balanced diet, do regular exercise, and have adequate rest. They should not smoke." he said.

For further information on avian influenza, please visit the CHP website at <http://www.chp.gov.hk>.

International, Human (WHO, December 18): The Ministry of Health of Cambodia has announced a new confirmed case of human infection with the H5N1 avian influenza virus. The 57-year-old male, from Ponhea Kreak District, Kampong Cham Province, developed symptoms on 11 December. The case was admitted to Kampong Cham Provincial Hospital on 16 December, where he received treatment. He is in a stable condition. The presence of the H5N1 virus was confirmed by the National Influenza Centre, the Institute Pasteur du Cambodge. A team led by the Ministry of Health is conducting field investigations into the source of his infection. Of the 9 cases confirmed to date in Cambodia, 7 have been fatal. This is the first diagnosed case in Cambodia during 2009.

International, Human (WHO, December 21): The Ministry of Health of Egypt has reported a new laboratory confirmed human case of avian influenza A(H5N1) on 19 December 2009. The case is a 21 year old female from the El Tanta District of Gharbia Governorate. She developed symptoms of fever and cough on 15 December 2009.

She was admitted to Tanta Fever Hospital where she received oseltamivir treatment on the same day. She is in a stable condition. Investigation revealed that the case had close contact with dead poultry and was involved in slaughtering sick birds.

The case was confirmed by the Egyptian Central Public Health Laboratories, a National Influenza Center of the WHO Global Influenza Surveillance Network (GISN). Of the 90 laboratory confirmed cases of Avian influenza A(H5N1) reported in Egypt, 27 have been fatal.

International, Reinfections (EID Vol. 16(1), January 2010): Since March 2009, influenza A pandemic (H1N1) 2009 has spread worldwide, and in South America, Chile was 1 of the countries most affected by the pandemic, with 21.4 cases among every 1,000 persons. Treatment guidelines in Chile recommended antiviral drug treatment with oseltamivir or zanamivir for 5 days for all patients with confirmed or suspected virus subtype H1N1 infection. In persons with seasonal influenza, specific antibody responses reach peak titers by 4 weeks after infection and confer protection against the infecting strain and closely related strains. Reinfection is rarely seen in nonpandemic influenza A. We report on 3 patients with confirmed influenza A pandemic (H1N1) 2009 reinfection after successful treatment with oseltamivir.

Patient 1, a healthy 14-year-old girl, had fever, sore throat, and nasal congestion on clinical examination. Pandemic (H1N1) 2009 infection was diagnosed by viral culture and confirmed by PCR specific for subtype H1N1 (LightMix Kit Inf A swine H1; TIB MOLBIOL, Berlin, Germany, for Roche Diagnostic, Indianapolis, IN, Light Cycler 2.0 instrument). The patient received oseltamivir, and symptoms resolved 48 hours after treatment. Twenty days later, fever, muscle aches, and vomiting developed in the patient. Influenza A virus was isolated by viral culture. The patient received a preliminary diagnosis of seasonal influenza and was treated with amantadine. She recovered from the infection before PCR results confirmed it was caused by pandemic (H1N1) 2009 virus.

Patient 2, a 62 -year-old woman, experienced a high fever, cough, and nasal congestion during a prolonged hospitalization for bowel resection after intestinal ischemia. Pandemic (H1N1) 2009 was confirmed by PCR and viral culture. Oseltamivir was administered 5 days after the onset of symptoms, and the symptoms resolved within the following 5 days. The patient had a new episode of fever, productive cough, and bronchial obstruction 2 weeks later while still hospitalized. Culture results were positive for influenza, and PCR results were positive for pandemic (H1N1) 2009. The patient was again treated with oseltamivir, and PCR results were negative for influenza after 48 hours of antiviral treatment.

Patient 3, a previously healthy 38-year-old man, underwent mitral and aortic valve replacement while hospitalized for acute mitral and aortic endocarditis due to *Staphylococcus aureus*. Eleven days after surgery, he had a sore throat, nasal congestion, cough, and low-grade fever. PCR test results were positive for pandemic (H1N1) 2009. The patient received oseltamivir, and respiratory symptoms resolved within 5 days. He was discharged from hospital but was readmitted 18 days later with nasal congestion, cough, and high fever. PCR results were again positive for pandemic (H1N1) 2009, and the patient was successfully treated with oseltamivir.

Patient 2 and probably patient 3 acquired their infections while hospitalized, suggesting potential nosocomial transmission. No other respiratory viruses were found in any of these patients. The viral isolates were all tested (LightMix for detection of influenza A virus oseltamivir resistance [H274Y]; TIB MOLBIOL) for possible resistance to oseltamivir, but none had the resistance-implicated H274Y mutation in the neuraminidase gene

Shedding of seasonal influenza A virus ceases within 5–7 days during natural infection and during infections treated with neuraminidase inhibitors. Although clearing of virus after the first infection was not documented in the 3 patients described here, it is unlikely that virus persisted between the 2 episodes of influenza since each of the patients fully recovered after specific antiviral drug treatment. However, we cannot rule out that patient 2 may have never cleared the virus due to her immune suppression.

As described by mathematical modeling, the 3 patients described were susceptible to reinfection with pandemic (H1N1) 2009 due to the high rate of community infection and to their incomplete immunologic protection within the period of reexposure. During the current pandemic of influenza subtype H1N1, healthcare workers and patients should be aware that symptomatic reinfection might occur after a first episode of infection.

This article is available online at http://www.cdc.gov/eid/content/16/1/156.htm.

International, Swine (OIE [edited], December 26): Pandemic influenza A/H1N1 2009, Russia
Start date: 10 Nov 2009; Date of 1st confirmation of the event: 03 Dec 2009
Report date: 23 Dec 2009; Date submitted to OIE: 24 Dec 2009

Outbreak 1: Shienerposi, "TP Suvar-2", Cheboksarsky, Chuvashkaya Respublika
Outbreak status: Continuing (or date resolved not provided)
Species: Swine; Susceptible: 10625; Cases: 45; Deaths: 0; Destroyed: 0; Slaughtered: 0
Apparent morbidity rate: 0.42%; Apparent mortality rate: 0.00%; Apparent case fatality rate 0.00%

Epidemiological comments: As a result of ongoing monitoring activity, it was found that 45 pigs from the fattening group 135-155 days old were sick. The building contained 1800 heads. The possible source of infection is not determined, but there is assumption that the swine infection took place because the personnel had been down with signs of acute respiratory disease. A ban on trade of live pigs and swine products from the establishment without thermal treatment is applied. Regular aerosol disinfection, including in the presence of animals, is being implemented. Vaccination is not carried out.

Control measures applied: Disinfection of infected premise(s); No vaccination; No treatment
Measures to be applied: No other measures

International, Poultry (OIE [edited], December 28): Highly pathogenic avian influenza H5N1; Cambodia
Date of first confirmation of the event: 18/12/2009; Date of Start of Event: 16/12/2009
Date of report: 28/12/2009; Date Submitted To OIE: 28/12/2009
Province: KG. CHAM; District: Ponhea Kraek; Sub-district: Kraek; Location: La-ak
Species: Birds; Susceptible: 1216; Cases: 143; Deaths: 143; Destroyed: 875; Slaughtered: 0
Affected Population: Backyard poultry including chickens and ducks (1,012 chickens and 204 ducks). 875 birds corresponding to 751 chickens and 124 ducks were culled.

Epidemiological comments - The investigation team inspected the disease location from 16-19 December 2009. The source of the outbreak is under investigation. Culling of backyard poultry was conducted after the laboratory confirmation and was just completed on 27 December 2009.
Source of the outbreak(s) or origin of infection: Unknown or inconclusive
Control Measures Applied: Movement control inside the country, Disinfection of infected premises/ establishment(s), Modified stamping out
To be applied: No Planned Control Measures; Animals treated: No

Michigan Wild Bird Surveillance (USDA, as of December 28): For the 2009 testing season (April 1, 2009-March 31, 2010), HPAI subtype H5N1 has not been recovered from any of the 111 Michigan samples tested to date, including 58 live wild birds, 39 hunter-killed birds and 14 morbidity/mortality specimens. H5N1 HPAI has not been recovered from 15,747 samples tested nationwide. For more information, visit the National HPAI Early Detection Data System at http://wildlifedisease.nbii.gov/ai/.

To learn about avian influenza surveillance in Michigan wild birds or to report dead waterfowl, go to Michigan's Emerging Disease website at http://www.michigan.gov/emergingdiseases.

Please contact Susan Peters at PetersS1@Michigan.gov with any questions regarding this newsletter or to be added to the weekly electronic mailing list.

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Table 1. H5N1 Influenza in Poultry (Outbreaks up to December 16, 2009)

(Source: http://www.oie.int/downld/AVIAN%20INFLUENZA/A_AI-Asia.htm Downloaded 12/16/09)

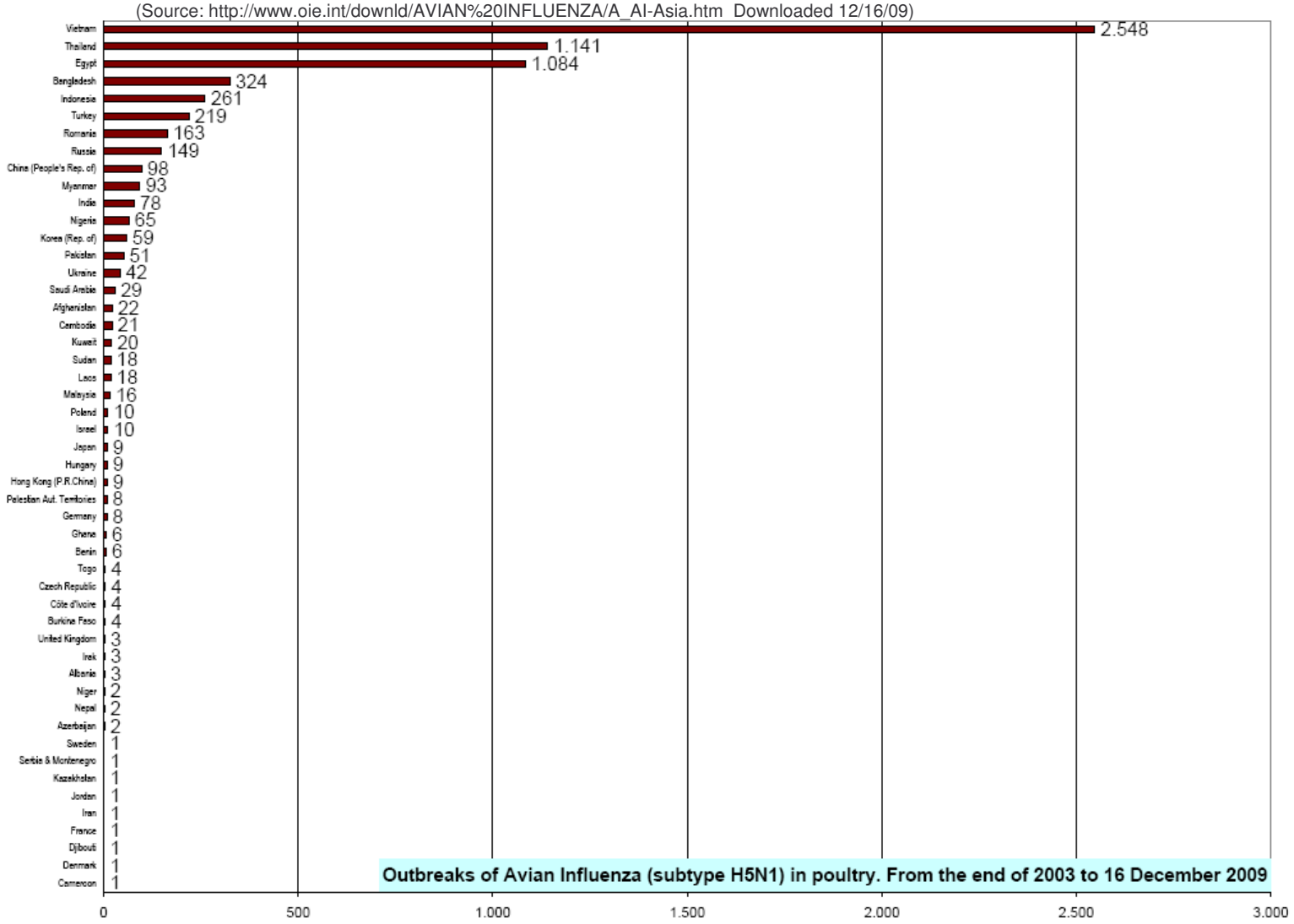

Table 2. H5N1 Influenza in Humans (Cases up to December 21, 2009)

(http://www.who.int/csr/disease/avian_influenza/country/cases_table_2009_12_21/en/index.html Downloaded 12/22/2009)

Cumulative number of lab-confirmed human cases reported to WHO. Total number of cases includes deaths.

Country	2003		2004		2005		2006		2007		2008		2009		Total	
	cases	deaths	cases	deaths	cases	deaths	cases	deaths	cases	deaths	cases	deaths	cases	deaths	cases	deaths
Azerbaijan	0	0	0	0	0	0	8	5	0	0	0	0	0	0	8	5
Bangladesh	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0
Cambodia	0	0	0	0	4	4	2	2	1	1	1	0	1	0	9	7
China	1	1	0	0	8	5	13	8	5	3	4	4	7	4	38	25
Djibouti	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0
Egypt	0	0	0	0	0	0	18	10	25	9	8	4	39	4	90	27
Indonesia	0	0	0	0	20	13	55	45	42	37	24	20	0	0	141	115
Iraq	0	0	0	0	0	0	3	2	0	0	0	0	0	0	3	2
Lao People's Democratic Republic	0	0	0	0	0	0	0	0	2	2	0	0	0	0	2	2
Myanmar	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0
Nigeria	0	0	0	0	0	0	0	0	1	1	0	0	0	0	1	1
Pakistan	0	0	0	0	0	0	0	0	3	1	0	0	0	0	3	1
Thailand	0	0	17	12	5	2	3	3	0	0	0	0	0	0	25	17
Turkey	0	0	0	0	0	0	12	4	0	0	0	0	0	0	12	4
Viet Nam	3	3	29	20	61	19	0	0	8	5	6	5	5	5	112	57
Total	4	4	46	32	98	43	115	79	88	59	44	33	52	13	447	263